

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.			
The self			
OLMS Y	T		
1. File Number U - 13.7-34	2. Fiscal Year Covered From:		
/	7/1/04 Through: 12/31/04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Rossic L Thorp	Name U.A. Pipe Sitters LU #208		
	Labor Organization File Number 042-108		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 15493 Lola ST.	Street 6350 N Broadway		
City Bassas	City Denuce		
State Colocado ZIP Code +4 80602	State Colo CAdo ZIP Code + 4 80216		
5. Position in labor organization. Busewess Representative			
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests			
(except as specified in the exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name Brase Bucscher, Goldhamer, Kelas Dog	Drinks		
Trade Name, if any: \(\omega/\rac{\lambda}{\tau}\)			
P.O. Box, Bldg., Room No., if any			
	7.b. Amount.		
Street 1563 Gaylord ST			
City Denver	1000		
State Colorado ZIP Code + 4 8020L			
. Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Signed	on 8-9-05 \$ 303-655./365		
	Date Telephone Number		

Name Alikars Welling	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer			
State ZIP Cotle + 4  10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.			
Street  City  State ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.			
C. Received from any employer (other than an employer covered unde				
or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	14.a. Nature of payment.			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.			

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

(Almo)			
1. File Number U - /3735	2. Fiscal Year Covered From:		
	//// O4 Through: V2/3//04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Kasasa Thorp	Name UA Por Citters W#208		
	Labor Organization File Number 042 10명		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 63 /5493 Lola ST	Street 6350 N Broadway		
City Rosympa	City Constitution of the c		
State (6)00000 ZIP Code + 4 (80602)	State CONACIO ZIP Code + 4 SOCIO		
5. Position in labor organization.			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
monetary value from an employer whose employees your organization	on represents or is actively seeking to represent.		
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).	on represents or is actively seeking to represent.  7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name), if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
6. Name and address of Employer (including trade name, if any).  Name	on represents or is actively seeking to represent.		
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name), if any).  Name  Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name), if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.		
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information rying documents), has been examined by the signatory and is, to the best of the		
monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.  7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information rying documents), has been examined by the signatory and is, to the best of the		

Name of Person Filing		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).  Name Pipe Todasiny Health & Galfanc of Cdo.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street SAME:  City  State ZIP Coce + 4	9. Business deals with:  a. Labor Organiza  b. Trust  c. Employer	ation		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ling.		
Name Poe Industry Health's Welfure of Coo.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	mee inge.	* 1	J. ee	
Street 2821 South Kukur R. A 578 1005	11.b. Approximate dollar va	ue of such dealing	Cornour	
State ZIP Code + 4 80014	12.a. Nature of interest he Most of the State of the Stat	ld or income received.	entrol + Lond	
	12.b. Amount.		2/1.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name Name		·		
Trade Name, if any:			Por Contraction of the Contracti	
P.O. Box, Bidg., Room No., If any				
Street			A.	
City			da engra a curva	
State ZiP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1373 9	2. Fiscal Year Covered From:			
	7/7/04 Through: 2/37/04			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Ronnie L Morp	Name UA 1208			
	Labor Organization File Number 542-168			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any State of the s			
Street 15493 Iola ST	Street 6350 N. Broadway			
City Brighton	City City			
State Colornal ZIP Code + 4 80602	State COLADO ZIP Code + 4 SO2/6			
5. Position in labor organization.				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name Trade Name, If any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Signed	on 8-9-05 303-655-1365			

Name of Person Filing	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values ubstantial part of which consists of buying from, selling or leasing to, or otherw of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name UA Pape Citter 208 STATIC.	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 6350 W Bood way	Name and
State Cologodo ZIP Code + 4 80216	
State Colorado ZIP Code + 4 80216	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Join: Apprentions o Training Comille	Christmas Lunch con
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 6350 N Broadway	11.b. Approximate dollar value of such dealing.
City Desire	12.a. Nature of interest held or income received.
State COLOCA-do ZIP Code + 4 8 02 16	3000
	12.b. Amount. 3000
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	·
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.